

STANDARD FORM NO. 100-10	
DEPARTMENT OF THE INTERIOR	
BUREAU OF LAND MANAGEMENT	
STAFF	
UNIT	
S.O.D.	
MANAGER	
OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
PRODUCER	
MANAGEMENT OFFICE	
PERIOD	

OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

NMOCC - 5, USGS -1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Mesa Petroleum Co.

1660 Lincoln Street, Suite 2800, Denver, CO 80264

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)

Casinghead gas connected

Change of ownership give name

and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
South Blanco Federal 23	#1	Lybrook-Gallup Ext.	State, Federal or Free Federal	NM20304

Location

Unit Letter M : 795 Feet From The South Line and 715 Feet From The West

Line of Section 23 Township 24N Range 8W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Permian Corporation

P. O. Box 1183, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Mesa Petroleum Co.

1660 Lincoln St., Suite 2800, Denver, CO 80264

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.
M	23	24N	8W

Is gas actually connected?

Yes

When

10/11/81

If this production is commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Elevations (DT, V, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Perforations	Depth Casing Shoe
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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil,
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of creditSeparate Form C-104 must be filled for each pool in multi
compleated wells.

Division Production Supervisor

(Title)

10/16/81

(Date)

OCT 19 1981

OIL CON. COM.
DIST. 3